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THE UNIVERSITY OF ALBERTA

EMPATHY TRAINING WITH THE UNEMPLOYED

by

© DONALD EDWARD EHMAN

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE

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FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research, for acceptance, a thesis entitled Empathy Training with the Unemployed submitted by Donald Edward Ehman in partial fulfilment of the requirements for the degree of Master of Counselling Psychology

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Date July 14, 1977

ABSTRACT

The study was undertaken to examine the effects of a life skills training program emphasizing self-exploration, interpersonal relationships and communication skills, and whether such a program could produce a change in the ability to communicate empathy in chronically unemployed, socio-economically disadvantaged individuals. The investigation was based on the assumption that if an individual's ability to communicate empathy could be increased then he would be better equipped with the necessary skills to promote his own successful socio-economic adjustment.

Relevant research revealed that the ability to accurately communicate empathy can be readily taught to layman in a short period of time by means of an integrated didactic-experiential program with consequent positive behavioral outcomes which can influence one's positive socio-economic adjustment in our society. The dimension of empathy was operationalized by administering Carkhuff's (1969a) Standard Communication Index (SCI) on a pre- and post-testing basis with a 120 hour training program between the two measures.

The subjects were 28 mature students who were unemployed, on some form of financial assistance and lived in the city of Edmonton. Twelve individuals left the program before its completion and were not available for the posttesting. The subjects responses were rated by two trained judges for their level of communicated empathy (CE). The scale selected for the rating of CE was Carkhuff's five-point Scale for the Measurement of Empathy in Interpersonal Processes (1969a).

A correlated *t*-test was conducted to determine if there was a significant difference in the level of CE before and after participation in

the life skills program. Two additional t-tests were conducted to determine whether a statistically significant difference in CE existed between the sexes as well as between those individuals dropping out of the program and those completing the training.

The results of the first test were not satisfied at the .05 level of significance. This suggested that the life skills experience produced no statistically significant difference in the subjects' ability to communicate empathy. A number of factors are suggested for the failure to obtain significance.

Analysis of the data determined there were no significant differences between the subjects who remained in the program and those who dropped out with regard to their age, sex, education or base levels of CE. In testing the differences in CE between the sexes, the female subjects showed a significantly greater gain in CE than the males. This appeared to support Carkhuff and Berenson's (1967) conviction that the facilitative conditions specified by their theoretical model tends to be more specific to social responses of the female role.

Upon the evidence and limitations of the study, suggestions for further research in this area are offered in order to facilitate accurate evaluation of programs geared to the rehabilitation of the unemployed.

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CHAPTER I

Introduction

Carkhuff (1967) contends that the communication of empathy is an essential component of effective living and suggests that people differ widely in their ability to exercise this interpersonal skill. The person who is relatively unable to communicate empathy, or communicates low levels of empathy is considered by Carkhuff to be a product of a series of deteriorating relationships which have robbed him of his potential for productive living. Carkhuff's model defines empathy as a ". . . process of representing to oneself the expectations that others hold with regard to one's behavior" (1969a, p. 27). For Carkhuff, empathy involves the understanding with the other and the perception of their internal frame of reference. The communication of empathy for Carkhuff involves both the awareness and understanding of the thoughts and feelings of another person plus the verbal facility to communicate this understanding. This ability to communicate empathy has been operationally defined by a score obtained by Carkhuff's Standard Communication Index (Appendix A).

It is the position of this thesis that the chronically unemployed, the individuals who for no obvious reason, have failed to develop the habit of working for a living, "suffer" most basically from an inability to adequately communicate empathy. The word suffer is used advisedly for as Nettler (1976) put it: "The exercise of human ability is a condition of health and happiness. Doing nothing at times is sweet . . . but doing nothing as a career is deadly" (p. 174).

There is voluminous literature on the psychology of work and of the many writings on the psychological effects of unemployment on the indi-

vidual, ". . . practically all focus upon one basic problem: satisfaction in life comes from the feelings of accomplishment that a person gets from work" (Gilmer, 1961, p. 250). The unemployed are dissatisfied and alienated. They feel hostility or indifference to the work culture that surrounds them (Billingsley, 1968). Their sense of despair and meaninglessness, their attitude of normlessness and the feeling that there is a lack of connection between means and ends, only increase their isolation and promote the gradual deterioration from unemployed to the unemployable. Most large scale rehabilitative employment programs overlook the personal factors and concentrate exclusively on the training of work skills. However, work socialization includes much more than formal education or specialized training, appropriate dress, punctuality, etc. It also includes ". . . the ability to communicate, accept and follow directions of supervisors, and the inhibition of rivalry, hostile verbalization and actions" (Billingsley, 1968). It is logical, therefore, that unemployment projects such as Canada Manpower should give consideration not only to the training of specific job-related skills, but to those personal factors as well. Since the ability to empathize is an important component of the communication process and perhaps the single most important skill of adequate social functioning, the present study is an attempt to investigate the efficacy of a certain approach to empathy training and its results with a group of unemployed individuals.

The Purpose

The purpose of this study is to examine the effects of life skills training on chronically unemployed individuals and their ability to empathize. It is an attempt to demonstrate that a behavioral-cognitive

approach will increase their ability to communicate empathy as measured on Carkhuff's Standard Communication Index (1969a).

Numerous studies (Carkhuff, 1969a, 1969b; Truax & Carkhuff, 1967) have been designed to evaluate the effectiveness of empathy training. The findings indicate that individuals, lay or professional alike, can be trained to communicate at the same levels of empathy as professionally trained or experienced counsellors (Carkhuff, 1968). If these skills can be taught to lay persons in a short time, it follows that unemployed individuals may also be trained to perceive and communicate at higher levels of empathy. Therefore, life skills training involving communication skills and self exploration should be a potentially effective method of working with unemployed individuals, changing their interpersonal interaction patterns toward positive behavioral adjustment. In fact, such a method in employment training or retraining programs may be seen as a necessary and basic starting point for Manpower projects attempting to motivate economically disadvantaged individuals into a more productive and self-satisfying role.

In particular, the study addresses itself to one principal question: Does a life skills training program which focuses mainly on a didactic-experimental method of enhancing self-exploration, interpersonal relationships and communication skills produce a significant change in the ability to communicate empathy in chronically unemployed individuals?

Overview of the Study

Chapter I has introduced the topic of this investigation as well as outlining its purpose and importance. Chapter II provides a review of the literature encompassing the topics of (a) historical views of empathy

and definitions, (b) empathy in the social context and implications for behavioral change, (c) critique of empathy research and their rebuttal, (d) a critique of rating empathy and (e) empathy training. Chapter III describes how this research project was conducted while Chapter IV provides the analysis of the data obtained. Chapter V consists of the discussion of the data as well as conclusions and implications for further research.

CHAPTER II

Review of the Literature

Historical Views of Empathy and Definitions

The construct of empathy and its interrelatedness to successful social interaction has historically been a concern of many authors. A number of studies (McDougal, 1908; Mead, 1934; Goffman, 1959; Kelly, 1955) indicate that successful social interaction is greatly facilitated by the ability to anticipate or construe the feelings, expectations and informational requirements of others. Mead (1934) considers this ability to be the very essence of social intelligence. He theorizes that empathy, as a skill acquired in the process of general social interaction, is a basic facet of human communication, serving mainly as a method for planning actions, making decisions and solving problems. Mead (1934) states: "It (empathy) was a necessary function of the emerging personality, an instrument for developing a self, and a learning method of adjusting to society" (p. 254).

McDougal (1908) stated that empathy is implicitly linked with the ability to adopt a moral point of view and behavior in adjusting to society. This awareness and understanding of moral conduct is more recently defined by Hogan as ". . . behavior carried out with reference to the norms, rules, and expectations that apply in a given social context" (1973, p. 280).

Just what does the term empathy refer to and what dimensions are operating within this concept? Even more basic than the answers to those questions is the origin of the term and its definition.

According to the International Encyclopedia of the Social Sciences,

(1968, Vol. 15), the term empathy originated with the German psychologist Theodore Lipps. He published a description of a process of aesthetic appreciation in 1897. He applied the term to designate the loss of self awareness by the observer as he views a painting or sculpture; and the tendency of the observer to fuse with the object that absorbs his attention. The beauty is experienced and appreciated through ". . . active encounter with the object in the imagination. The distinction between the self and the object dissolves whatever movements, rhythms of forces flow phenomenally in the object, flow in the self" (p. 445). Sensory and motor functions may also be involved. However, self identity is always maintained although self-awareness is not. Lipps stresses the "creative imagination as necessary for the empathic experience, for the feeling into gives an unique knowledge of the other" (emphasis added).

Rogers' most recent definition, moved from what he coined earlier as a "state of empathy" to a multifaceted empathic process involving a "flowing of experiences." He describes and defines empathy as:

> . . . entering the private perceptual world of the other and becoming thoroughly at home in it. It involves being sensitive, moment to moment, to the changing felt meaning which flow in this other person, to the fear or range or tenderness or confusion or whatever he/she is experiencing. It means temporarily living in his/her life, moving about in it delicately without making judgements, sensing meanings of which he/she is scarcely aware, but not trying to uncover feelings of which the person is totally unaware, since this would be too threatening. It includes communicating your sensings of

> his/her world as you look with fresh and unfrightened eyes at elements of which the individual is fearful. It means frequently checking with him/her as to the accuracy of your sensings, and being guided by the response you receive. You are a confident companion to the person in his/her inner world. By pointing to the possible meanings in the flow of his/her experiencing you help the person to focus on this useful type of referent, to experience the meanings more fully, and to move forward in the experiencing. (1975, p. 4)

He elaborates further that during this process, one lays aside his own views and values so as to enter the world of the other without prejudice or bias. He strongly believes that in this condition, one also lays aside the self which can only be done by an individual secure enough in himself so he maintains the knowledge that he will not get lost in what may be a strange and bizarre world of the other, and can easily return to his own world when he so desires.

The foregoing definition is not operationally suitable for use in research. Truax and Carkhuff (1967) operationalized the concept of accurate empathy for research purposes. It is defined as ". . . a sensitivity to the other person's current feelings, and the verbal facility to communicate this understanding in a language attuned to those feelings" (p. 46). Therefore the communication of empathy constitutes the essential variable in determining whether or not the person realizes he is being understood (Carkhuff, 1969a, p. 197). Subsequently, a preferable definition of empathy, in terms of facilitating an empathic relationship, should indicate the diagnostic skill of understanding as well

as the communicative skill of informing the other person that he has been understood. This reduces the phenomena described by Rogers into an observable and measurable entity through the analysis of the verbal exchange.

An operational measurement of empathy with demonstrated reliability is Truax's Accurate Empathy Scale (1967). The scale focuses on verbal responses rather than process and consists of a number of levels of empathic understanding. For example, the definition of Stage 1, the lowest level of empathic understanding involves no awareness of even the most obvious feelings; offers inappropriate responses to the mood and content of the other's feelings and statements of boredom and disinterest or advice giving are evident. Stage 8, one of the highest levels is defined as accurately interpreting all the other's present acknowledged feelings while also uncovering the most deeply shrouded and unaware feelings and voicing them to the other. This is done sensitively and tentatively. A togetherness is reflected to the other and the voice tone indicates the seriousness and depth of his empathic presence (pp. 556-557).

The foregoing definitions of empathy have emphasized an ability to share and communicate a feeling that is immediate for the other person. The main points being "feeling" and "immediate" in the interaction between the two people in both the static (state of empathy) and dynamic sense.

An unknown English author quoted by Katz (1963) said: ". . . to empathize is to see with the eyes of another, to hear with the ears of another, and to feel with the heart of another" (p. 53). This author's

attempt to define and understand empathy is as embracing as any given by the moderns discussed above.

Empathy in the Social Context

From the writings cited this far, the concept of being empathic suggests that such a disposition would increase one's sensitivity to the expectations of significant others and thus engender cooperation and acceptable social behavior. The role-theorists themselves assume that empathy facilitates social interaction. Therefore the more empathic the person is, the more socially adroit he is (Grief & Hogan, 1973; Cottrell, 1971; Sabrin & Allan, 1968).

Conversely then, an absence of empathy should hinder or retard the development of adequate or successful interpersonal relationships and general social adjustment. According to Katz (1963):

> Everyone living in a mobile mass society must be able to make rapid adjustments in attitude and to maintain self esteem in the face of many threats. The poor empathizer is simply more vulnerable than the average citizen. He is less qualified to cope with conflicts and is less defended against the anxieties of living in a society and increasing alienation. (p. 110)

He believes that people in general require the empathic skills necessary for effective communication, for realistic and appropriate behavior and for spontaneous participation in the familial, social and occupational groups to which they belong. Katz crystalizes the idea that the pre-requisite to successful social adjustment is not only the possession of the state of empathy but also the ability to communicate this condition effectively.

Dymond (1949) proposed that empathy may be one of the underlying processes upon which our understanding of others is based. From this premise, it would likely follow that the ability to take the role of the other is positively related to the capacity to see ourselves from another's point of view (p. 133). Therefore, the lack of "insight" into one's own interpersonal interaction patterns may result in possessing poor empathic ability. In such a case, Dymond concluded that the individual builds a false or inaccurate representation of the relationship and, in fact, is unaware of doing so (1948, p. 232). The final result is that the individual cannot correct this perception and continues to function at a less than satisfactory interpersonal level with others. In such circumstances, it would appear that the poor empathizer would tend to withdraw from interpersonal relationships because of the feedback received. On the other hand, such individuals may relate defensively or with hostility towards others, increasing the negatively based relationship and its false or inaccurate representation of that relationship (Carkhuff and Truax, 1967).

For Bucheimer (1963), most errors in empathizing are the result of the personal anxieties of the individual based on his needs, conflicts, or problems. The inability to empathize and, therefore, interact constructively with others, appears to arise in the shift between subjective involvement and objective detachment as described by Cottrell and Dymond (1949). While the proficient empathizer merges subjectively with the other and then is able to detach himself in order to remain objective, the ineffective empathizer is too preoccupied with himself and with his own needs or problems to do so. No matter how intense the feelings of

similarity, he fails to acknowledge the differences still exist between him and the other individual. Conversely, no matter how intense the feelings of differentness, he may also fail to recognize that any similarities exist between himself and the other individual.

Erich Fromm (1956) feels that such an individual has a narcissistic orientation whereby he can only experience as real that which exists within himself, while the external phenomenological world has no reality for him (p. 118). This is viewed by Fromm as a failure in reality testing based on the anxiety inherent in the individual who possesses no self image of his own which is independent of others. Here ". . . the 'self' in the interest of which modern man acts is the social self, a self which is essentially constituted by the role the individual is supposed to play and which reality is merely the subjective disguise for the objective social function of man" (Fromm, 1941, p. 137). He contends that the anxiety stimulated by individuals searching for a "goodness of fit" in various social roles which are essentially based on work roles in society, attacks one's self-esteem, confidence and facilitates feelings of inferiority. Fromm states that such an indifferent and alienating condition exists in the relationship between employer and employee.

Individuals pursuing employment and suffering from the aforementioned conditions as described by Dymond, Bucheimer and Fromm, have difficulty in presenting an adequate coping self in regards to practical matters. When pressed to give advice, they tend to do so by projecting their own needs or denied feelings to others leaving themselves open to an appropriate rebuff. Here coping behaviors are absent since the ability to assume another's frame of reference is also absent. Such

individuals require the development of coping skills rather than remaining defensive.

According to Kroeber (1964) the difference between coping behaviors and defense behaviors is an active dimension called sensitivity. This is the ability to recognize and understand another's feelings when either obviously or subtly expressed. It also involves the process of representing to oneself the expectations that others hold with regard to one's behavior. This ability is directly opposite to Freud's defense mechanism of projection which involves attributing an individual's own denied feelings to others. The preoccupation with one's own feelings curtails, if not eradicates one's sensitivity to others. This results in the projecting of one's denied feelings onto others. This reaction is based on the reception of only one or two verbal and non-verbal cues which establish a link between others and ourselves. Subsequently, no doubt exists in regards to our estimated accuracy of their situation and their response to us. The final result is the distortion of reality as predictions of the other's behavior is formed through the impression onto others, one's own meaning which originates from that individual's needs, problems and conflicts. Similarly, Carkhuff states:

> Persons with sufficient resources can discriminate and respond appropriately to the demands of the significant figures in their environment; those whose resources are inadequate or inadequately developed are either overwhelmed or develop very rigid cosmologies which are functional only in very limited spheres, and then only for a limited period of time. (p. 26)

Here the interrelatedness of Fromm's narcissistic characteristics, Kroeber's dimension of absent sensitivity to others and the preoccupation with one's own needs, problems and conflicts, appear to have a constrictive effect upon Carkhuff's quoted "resources" of the individual. This produces the rigid coping cosmologies that are nonproductive for that individual either initially or over a period of time.

From the foregoing writings, there appears to be a positive relationship between the ability to perceive and communicate empathically and the display of realistic and appropriate participation in familial, social and occupational groups. The training of individuals in the communication of empathy would seem, therefore, a logical approach to improving the level of functioning of chronically unemployed individuals.

The value of manpower employment programs including training of interpersonal skills (developing empathic communication skills), seems an avenue worth exploring. Carkhuff and Griffen (1971) report evidence that unemployed and disadvantaged individuals show constructive changes in their communication of empathy and general interpersonal functioning as a result of didactic and experimential training in the communication of empathy.

Empathy: Its Implications for Behavioral Change

Although Dymond (1949) initially raised the question of whether or not empathy could be developed; Luchins (1950, 1951) was the first to report evidence that empathic skills can be influenced, in fact, facilitated by training. His initial procedures sought to eliminate certain factors which interferred with individual's understanding of another. Over the past decade, a multitude of studies have been conducted based

primarily on the research of Truax and Carkhuff (1967) indicating that training can facilitate or enhance the communication of empathy in layman or nonprofessionals. Carkhuff (1969a) has replicated these findings in human relations workshops and lay counsellor programs which focused on improving interpersonal skills. The initial level of communicated empathy as obtained by the Standard Communication Index (SCI) was predictive of change and the final level of absolute functioning in an interpersonal context (Carkhuff, 1969a; Carkhuff & Banks, 1969; Carkhuff & Griffen, 1969a, 1969b, 1971). However, evidence to show the relationship between the training and subsequent increase of empathic skills and actual beneficial behavioral changes in an individual, has been lacking.

Truax et al. (1962) have amassed extensive evidence which indicates a significant and positive relationship between client change and those characteristics inherent in the construct of empathy. Truax and Carkhuff (1967) and Truax and Mitchell (1968) have defined these characteristics and their relationships to behavior change or outcome in a large number of studies.

Stoffer (1970), investigating the relationship between accurate empathy and positive behavioral change in elementary school children experiencing behavioral and academic problems, found a positive relationship between increase in accurate empathy and positive behavioral change. In fact, achievement level indicated an upward trend and behavior improved markedly. Truax and Wargo (1966b) similarly found a strong relationship between the level of empathy and the extent and direction of behavioral and personality change in juvenile delinquents.

Truax and Carkhuff (1963) in a study involving 14 schizophrenic

patients in individual therapy sessions and 14 rigorously matched on-trol patients, found a significant difference in psychological functioning between the patients in the "high" empathy condition of treatment, those in a "low" empathy condition of treatment and the control group. The patients in the "high" empathy condition displayed a significant drop in anxiety on measures of anxiety levels. The control group demonstrated no change and the "low" empathy condition group actually exhibited a significant increase in anxiety. Positive gains in self-concept as measured by Q-sort techniques were only slight for the "high" empathy condition group and the control group. The patients in a "low" empathy condition exhibited a significant negative change towards poorer adjustment and self-concept. Interestingly enough, the assessment by ward attendants using the Wittenborn Psychiatric Rating Scale exhibited no difference on any of the subscales. However, those patients in the "high" empathic conditions of treatment spent significantly more time out of the institution than the control group or the group in the "low" empathic treatment condition. This intuitively suggests that a style or mode of adaptation was facilitated by a "high" empathic treatment condition.

Dickenson and Truax (1965) using a group counselling technique focusing on empathy with college underachievers, found a significant improvement in grade point average over a control group receiving no counselling. A noteworthy finding was the counselling group's continuation of improved academic functioning after therapy terminated. They continued to function at the level of academic performance predicted by their college entrance examination scores, therefore, were no longer

underachieving. Conversely the control group continued to function at an academic level significantly below the predicted level of their entrance examination scores.

A similar study (Truax, Wargo & Silber, 1966) involving female juvenile delinquents indicated that those receiving high empathy conditions in counselling groups displayed significant improvement in behavior adjustments over a control group when assessed before and after therapy on 12 measures. Specifically, they displayed significant increments towards an improved and accurate self-concept and the realistic perception of parents and authority figures as being less threatening and more reasonable in attitude. The treatment group exhibited a striking superiority to the control group on a measure that distinguishes delinquents from non-delinquents. A similar significant difference in the amount of time being institutionalized shown in the previous study of hospitalized schizophrenics (Truax & Carkhuff, 1963) was also found in this study. More important, however, is that the gains of the treatment group over the control group were maintained throughout a follow-up assessment of one year.

Irving (1966) in studying the levels of parental empathy and adolescent adjustment, found a positive relationship between perceived parental empathy, healthy psychological and behavioral adjustment of the adolescent. Irving concluded that the ability to perceive empathic conditions and respond in kind appeared to facilitate the positive behavioral adjustment.

A number of separate studies, dealing with individual and group therapy with client populations of mentally subnormal adolescents

(Pilkey, 1967), lay personnel (Reddy, 1968) and with parents of different races (Carkhuff and Banks, 1970) appear to converge in demonstrating that a strong and positive relationship exists between better personality/behavioral improvements and individuals who can perceive and communicate high empathic levels as opposed to those functioning at lower empathic levels. Similarly, further validating evidence for this relationship is found in the replication studies of Tausch, Eppel, Fittkai and Minsel (1969) in West Germany's University of Hamburg. The earlier studies of Truax (1963); Truax and Wargo (1967); Truax and Carkhuff (1967); Truax and Mitchell (1968), found that the higher levels of accurate empathy correlated significantly with the clients' adjustment and the degree of improvement. These were also confirmed cross culturally and in a different language context. The conditions appear to be present in all interpersonal relationships without regard to degree of maladjustment, socio-economic status, age, sex or culture.

The foregoing studies have successfully exhibited immediate positive changes in adjustment, both psychologically and behaviorally when individuals experience empathic conditions. The studies also suggest that irregardless of training or theoretical orientation, and inspite of the degree of behavioral maladjustment, level of mental and socio-economic status, age, sex or cultural-language context; individuals who perceive and communicate accurate empathy, are effective in producing positive behavioral change. However, the studies do not differentiate between individuals receiving empathic conditions and individuals trained to perceive and communicate empathy and what interpersonal changes occur as a result.

Martin and Carkhuff (1968) studied changes in personality and interpersonal functioning of counsellors in training and found that the training of empathic communication exhibited positive personality changes on specific Minnesota Multiphasic Personality Inventory (MMPI) items. Unfortunately, the specific items were not presented in the study and the author felt the study to be inconclusive due to methodological faults.

Baldwin (1972) researched changes in interpersonal cognitive complexity as a function of a training group focusing on empathic conditions. He postulated that such training would enhance the cognitive complexity of the individuals through differentiation of the interpersonal construct system and an improved discriminative ability (sensitivity) to others. The results of the study supported the hypothesis and surprisingly, displayed greater cognitive complexity and sensitivity towards individuals associated with negative affect. Thus the participants were able to accept and cope with negative affect conditions.

Bergin and Garfield (1971) in quoting from social-learning and behavior modification theories, describe the dynamic process of individuals with high levels of communicated empathy as being:

> . . . personally more potent positive reinforcers; and also because they elicit through reciprocal affect a high degree of positive affect . . . [which] . . . increases the level of . . . positive self reinforcement, decreases anxiety, and increases the level of positive affect communicated to others, thereby reciprocally increasing the positive affect and positive reinforcement received by others. (p. 902)

These latter three studies indicate that cognitive and personality

changes occur within individuals receiving training in communicating empathic conditions. They suggest that the changes facilitate the participants interpersonal-social functioning skills. To this writer, these changes are directly related to the changes required in chronically unemployed individuals to facilitate their socio-economic adjustment. It was suggested by Stewart (1955) that receiving and being able to communicate empathy serves to provide an emotional, motivating identification with the other in pursuit of a common aim or recognition of a common want. Here the individuals are provided with the capacity to correctly perceive the world from another's frame of reference (Grossman, 1951), to make realistic estimate of others (Remmers, 1950) and to make insightful estimates of self in relation to others in the tasks of daily living and role fulfillment (Dymond, 1948). Once armed with these foregoing changes and skills, the chronically unemployed, in this author's opinion, should be motivated and capable of appropriate responses and thereby a constructive socio-economic adjustment. However, if such individuals are too pressured by a preoccupation with their basic survival needs, problems and conflicts, they may not experience such changes let alone be receptive to such a training program--that is, until the anxiety over their disadvantaged state is relieved.

This study will examine whether or not the chronically unemployed can show an increase in their ability to communicate empathy without offering any relief to their disadvantaged state.

Criticisms of Empathy Studies

Since the advent of operationalism a tendency existed among early investigators of empathy to develop techniques which would give quanti-

fiable measures that could be subjected to statistical analysis. Strupp (1960) felt these measures to be credible but often possessed a deceptive simplicity. Researchers have attempted to quantify empathy developed measures of "understanding," "empathy," "assumed similarity," "identification," the "extension" or "projection" of self and many others. However, what was actually measured by these techniques remained to be defined.

From her originally proposed operational definition of empathy, Dymond (1948) attempted to validate her measure of empathy by utilizing the Thematic Apperception Test. The responses to the T.A.T. cards were scored in terms of the ability to identify with the role of the "hero" in the picture. The basic criteria being the richness of the description of the hero. The richness of the content being equivocal to the level of empathy. Dymond indicated that the subjects with high levels of rated empathy made fewer denials of the T.A.T. interpretation. Parker (1955) indicates that Dymond's findings are questionable as the rationale developed by Murray (1943) for the T.A.T. proposes that those subjects making fewer denials are projecting their own personalities into the cards instead of describing how the character(s) on the cards feels and behaves.

Dymond's subsequent studies (1949; 1950) utilized the data obtained from the Wechsler-Bellevue Intelligence Test, the Thematic Apperception Test, the California Ethnocentrism Test and the Rorshach projective test, combined with the subjects own self analysis. Dymond found a relationship between the description of the subjects and the level of empathy as measured by the instruments. Those with high levels of em-

pathy were characterized as out-going, optimistic, warm, emotional people, possessing a strong investiture in life (Dymond, 1950). Conversely, those rated low in empathy were described as rigid, introverted emotional volatile individuals. Their history suggested that they had difficulty in dealing with concrete material and interpersonal relationships. Dymond concluded:

> They seem to compensate for their lack of emotional development by stressing the abstract emotional approach to life as the safest. It is unimportant to them to know what the other is thinking and feeling; it is their own thoughts and feelings that count. (1950, p. 349)

In regards to intelligence, Dymond found that the low empathizers had significantly lower performance scores on the Wechsler-Bellevue scale. Indicated was a better functioning level on the abstract verbal level with a lowered functioning level when dealing with concrete situations involving interpersonal relationships.

Guiora (1967) points out a great deal of the studies following Dymond's research have been lacking in novelty. He sees most as being just replication studies of Dymond's predictive empathy with the usual variation found in such studies.

Most writers recognize the complexities present in research involving the quantifying, measuring and analysis of interpersonal behavior. In spite of this awareness, a broad horizon of writers have voiced strong criticisms of the studies arising from Dymond's role theory model. In general, these studies attempt to display correlation between the accuracy in predicting another set of responses. Gage and Cronbach

(1955) strongly question if this accuracy is related to genuine understanding, let alone an "empathic" process.

According to Cronbach, operational definitions of empathy following Dymond's role-theory model are specific and sometimes sufficiently restrictive but they fail to differentiate the empathic processes from other processes such as diagnosing.

Dymond (Cartwright, nee Dymond, 1961) later concluded that individuals may not simultaneously possess all of the variables subsumed by the term empathy. Some may be empathic but lack the ability to predict while others may be able to predict accurately while remaining outside the empathic process.

When comparing predictive research to the theoretical definitions of empathy, such research would appear more correctly structured for research of person perception rather than the measurement of empathy. There, the goal is to study the possession of knowledge about the other individual.

Reviewing research on interpersonal perceptions, Hammond, Hursch and Todd (1964) strongly suggest that environmental determinates of the individual's behavior must be considered in "predictive empathy" research. Likewise, Cronbach (1955) feels a distinction must be made between which part of the "prediction" is true understanding of the other instead of simply stereotyping or self-referencing.

Cronbach (1955; 1957), strictly from a statistical point of view, questions the validity and the psychological meaning of "discrepancy" and the resulting correlations based on those measures. He sees that instances exist where one can empathize with some specific behaviors

but not with others. He also points out that the rating scale is open to different uses and therefore a source of error. Cronbach explains that one using the middle portion of the scale will have better prediction scores than one using solely the upper or lower extremes or even the whole scale equally.

In Halpern's study (1955) of the close relationship between perceived similarity and predictive skill, he hypothesized that there is a strong tendency that an individual recognizes only his feelings and patterns of behavior. Halpern later agreed with those researchers that labeled this process as projection (Bender & Hastorf, 1953; Beach & Wethiemer, 1961; Buchheimer, 1963; Marwell, 1964). In a series of studies, Luchins (1950, 1951) listed a number of factors that generally interfere with one's understanding of another. Their factors are as follows:

1. Centering on one's own needs, emotions or purposes.
2. Focusing only on one isolated event or emotional nuance.
3. Stereotyping based on physical features, personality traits, race, religion or nationality.

Bender and Hastorf (1953) in their concern over the effects of projection in the empathic condition, devised a test of empathy which corrected for the effects of projection. They defined their "refined" empathy as:

> In essence, a refined empathy score is derived by comparing the raw empathy score (the sum of the deviations of the subject's predictions from the responses of his associates) with the projections score (the sum of the deviations of the sub-

ject's predictions from his own responses. (pp. 503-504)

Unfortunately this procedure warrants all those earlier criticisms applied to the predictive--empathy models with one redeeming factor--controlling the variable of projection. However, additional criticisms were raised by the deviation of the raw empathy score. It was felt that this score is subject to random variabilities between the actual self ratings. The random variabilities coming into play according to the degree of actual similarity between the individuals plus the presence of projection. This renders the score meaningless. According to Halpern (1955) this method's major shortcoming was its failure to differentiate between simple attribution or true sensitivity being the major component in the accurate prediction of empathy for the subjects.

Another different model proposed by Speroff (1953) to study empathic behavior was based on the concept of "role-reversal." Speroff summarizes his model as:

> X elicits a response from Y by expressing Y's point of view. Y consents or expresses satisfaction with the point of view expressed by X. Y in turn expresses X's point of view as he sees it. X expresses consent or satisfaction with the point stated. (p. 119)

In such a model the interaction is not a fluid process but rather isolated events. It is most applicable to training and role-playing exercises, rather than an accurate measurement of empathy. He demonstrated this in a study of labor relations whereby he successfully facilitated empathizing between employers and employees by simply having them reverse their roles. However, Buchheimer (1963) criticized this

static interaction as not representing the true and fluid empathic process.

The critical analysis of the studies illustrate the inherent difficulty in studying the concept of empathy. It is apparent that the ability to perceive accurately the thoughts and feelings of another and the capacity to accurately communicate these perceptions must be open to specificity in order to be investigated.

Criticisms of Empathy Studies Rebutted

The research of Truax (1963) offers a viable alternative. His research involves measuring the effects of counsellor offered conditions of empathy and generally displays greater face validity than those methods utilizing predictive or role-reversal models. Truax's methodology appears comparatively innovative since counsellors' actual treatment interviews are tape-recorded and then rated to determine the counsellor's level of empathy in a real life situation. The rating itself is performed by trained raters who rate the interactions according to Truax's Accurate Empathy Scale. Reliability is insured and validity of the scale is achieved by relating the scale to treatment outcome variables. Truax, in rating 384 tape-recorded excerpts of therapy sessions, showed those patients in high empathic conditions improved while those in low empathic conditions remained the same or even deteriorated in level of functioning.

Truax's Accurate Empathy Scale and Carkhuff's (1969a, 1969b) more compact form have been criticized in spite of being one of the most commonly used methods of rating tape-recorded segments of actual treatment or counsellor-trainee interviews. Shapiro (1968) found that when

judges used audio-visual data they frequently relied upon superficial, objective behaviors. As a result one-third of the variance in empathy ratings were dependent on the counsellor's visual cues alone. The client's perceived empathy was found to be unrelated to judgements of raters by Caracena and Vicory (1969) in their critical review of tape-recorded segments of treatment interviews. They indicated that the judges' ratings of "sounding" and "looking" empathic may be irrelevant to client perception of empathy.

To counter the criticisms directed to the rating of tape-recorded segments, the Standard Communication Index (SCI) was developed by Carkhuff (1969a). This index (see Appendix A, p. 64) contains 16 client statements taken from actual treatment interviews and represents a number of different problems and emotional states. The subjects are required to respond to each statement in writing and each response is rated according to the Scale for the Measurement of Empathy in Interpersonal Processes (see Appendix B, p. 70). Prior to the rating, the responses are randomized to ensure independence of judgements. Such a method definitely eliminates those judgements based on only "sounding" or "looking" empathic.

In comparing the use of the SCI with actual rated interviews using "standard" clients, Carkhuff (1969b) found a high correlation (.89) between the two ratings.

Another concern in establishing the validity of Truax's Accurate Empathy Scale is that ratings are based on only a few minutes extracted from an hour long interview. But Truax and Carkhuff (1963), and Melloh (1964) found in their research of this potential source of error, that

short segments taken randomly over time in an interview are valid examples and, in fact, the rated level of empathy does not tend to vary or fluctate significantly during the interview.

Further validation supporting the use of written responses instead of oral responses was conducted by Greenberg (1968) who established an adequate correlation between responding: (1) in writing to a standard client statement, (2) verbally to a standard client statement, and (3) in an actual helping role. In a similar study, high correlation between written responses to verbal or tape-recorded client statements and written responses to written client statements was established by Antonuyzo and Kratochvil (1968).

It appears that the foregoing studies substantially point out the difficulties and pitfalls inherent in the definition, categorization, and validation of the construct termed empathy. The studies of Truax and Carkhuff have outlined the feasibility of identification and methodology for a study of empathy with reliable and valid results. The work of Greenberg (1968), Antonuyzo and Kratochvil (1968) vindicated the use of subjects responding to written interview situations in writing as opposed to verbal presentation and responses via tape or in actual interview situations.

Training in Empathy

Although Dymond (1948) initially raised the question of whether or not empathy could be developed, Luchins (1950, 1951) was the first to report evidence that empathic skills are amenable to training. More recently, Truax (1972) raised the question as to whether or not the therapeutic conditions described by Rogers are personality character-

istics, attitudes or interpersonal skills which can be acquired through training. Truax (1971a, 1971b) maintains that these interpersonal skills can be taught in a systematically graded training program. Thus, in addition to specifying what is considered to be an essential component of an effective helping relationship, a systematic procedure for training such a component was developed (see Matarazzo, 1971).

A number of refinements were added to the original training program by Truax, Carkhuff and Douds (1964) and Truax and Carkhuff (1967). Truax and Carkhuff described their's as ". . . an integrated didactic and experimental approach to training . . ." which they see as ". . . an attempt to translate research and theory into effective practice by focusing on the experiential and didactic elements concurrently" (1967, p. 220). The three central ingredients of the training program include:

1. a therapeutic context in which the supervisor himself provides high levels of therapeutic conditions;

2. highly specific didactic training in the implementation of the therapeutic conditions, and

3. a quasi-group therapy experience where the trainee can explore his own existence and his own therapeutic self can emerge.

Based on the foregoing research, numerous studies have been designed to evaluate the effectiveness of the client-centered training model and the ability to communicate empathy. Most of the research findings indicate that lay or professional subjects can be effectively trained to increase their levels of interpersonal functioning (Truax & Carkhuff, 1965; Truax & Lister, 1971; Carkhuff & Banks, 1970; Saltmarsh, 1973; Seamons, 1972).

As a means for facilitating behavioral change in individuals, role-playing has also proven particularly effective. Bandura and Walters (1963) describe the process as when one's own previous activity (roles reversed) become a model for one's own or another's future behavior, the individual usually receives reinforcement in two capacities, first as a model and second as the observer and imitator (p. 90). Because the role player "dependently" accepts the assigned role, he is "independently" inherent in the role. Using role-playing and social imitation as their premise, it is not surprising that relatively short training programs (Berenson, Carkhuff & Myrus, 1966; Truax & Lister, 1971; Carkhuff & Banks, 1970) have resulted in significant gains in the ability to communicate empathy. When comparing the foregoing to simply lecturing about empathy, Dell (1968) found the latter to be significantly ineffectual.

It would appear that the efficacy of combining didactic experiential training methods, which employed exposure to a theoretical framework followed by practice in role-playing, paraphrasing and discussion is well found. Simply lecturing on the topic or following an unstructured method possessing no "a priori" plan as is found in the traditional T-group experience (as defined by Benne, Bradford & Lippitt, 1964) has shown insignificant gains in the communication of empathy. Similarly Carkhuff, Collingwood and Renz (1969) using what they called an exclusively didactic program (focused solely on discrimination training with no practice), found that the students displayed gains in discriminating different levels of facilitative functioning. However, without practising (the experiential element), the students did not show an increase in

the ability to communicate higher levels of empathy.

In training individuals in interpersonal skills, Truax and Carkhuff (1967) and Carkhuff (1969b) strongly advocate the structured approach whereby the trainer acts as a discussion leader, encouraging learner activities through the integration of three critical sources of learning: didactic teaching, modelling and experiential learning.

Summary

Since the early studies of Dymond (1948) and Luchins (1950, 1951) and the early writings of Carl Rogers (1951, 1957, 1959), a large body of research evidence has been amassed which indicates that the communication of empathy and its training are important interpersonal variables that influence one's positive social adjustment in our rapidly changing, anxiety producing society. Particularly important is the evidence demonstrating that interpersonal skill of communicating empathy can be readily taught to layman in a short period of time by means of an integrated didactic-experiential program with consequent positive behavioral and personality outcomes. Therefore, the idea of training unemployed subjects to assume a more "therapeutic" relationship with the "significant others" (potential employers, co-workers, etc.) would seem warranted.

CHAPTER III

Methodology

Introduction

The purpose of this study was to examine the effects that a Life Skills training program for unemployed individuals had on their ability to empathize. The study was an attempt to explore the possibility that an experiential cognitive approach with socio-economically disadvantaged people will produce an increase in their ability to communicate empathy.

Subjects

Twenty-eight mature students (14 males, 14 females), unemployed, on some form of financial assistance, and living in the city of Edmonton originally volunteered to participate in this study. Twelve individuals left the program either because they gained employment or because of other unspecified personal reasons (see Table 1, p. 32) with the result that full data are only available on 16 subjects (9 males, 7 females).

Due to their difficulty in finding and maintaining employment, the subjects were enrolled in a Canada Manpower regional Priority Employment Project (PEP) at Grant MacEwan Community College. The subjects' ages ranged from 16 to 57 years ($\bar{X}$ - 29.1 years). Educational level was generally second year of high school--eight (50%) had grade 12 diplomas (see Table 2, p. 33).

The subjects attended the training program for a 12 week period at three community college campuses. Those subjects completing the program received a total of 120 hours of training.

Table 1

Age, Sex and Education of those Subjects Completing only the Pre-test and Dropping Out of the Study

Subject	Age	Sex	Grade Level Completed	Pre-test Average
1	17	F	10	2.09
2	19	F	10	2.69
3	21	M	11	2.28
4	21	M	9	1.66
5	22	M	12	1.94
6	22	F	11	2.25
7	25	M	12	1.89
8	27	F	10	2.13
9	28	F	9	2.97
10	29	M	11	1.47
11	31	F	8	1.44
12	56	F	8	2.03
X				2.07

Table 2

Subjects' Age, Sex and Education

Sex	n[a]	Grade Completed				
		8	9	10	11	12
Males	14 (9)	0 (0)	2 (1)	2 (2)	4 (2)	6 (4)
Females	14 (7)	2 (0)	1 (0)	5 (2)	1 (0)	5 (5)

[a]Numbers in parentheses indicate the number of subjects completing both pre- and posttests.

Treatment

The training courses were sponsored by a Priority Employment Program through a Canada Manpower Training Program grant. The course was designed to enhance self-awareness in interpersonal contexts, to increase sensitivity and understanding in others and develop communication skills. The goal of the program was to give the participants more realistic insights into their abilities and develop skills to handle themselves effectively in new social-vocational situations. These skills and insights would ideally provide them with the confidence and openness to assess their interests, aptitudes and abilities, choose a career goal and plan entry into it, plus develop interpersonal skills necessary for obtaining and holding a job.

The program involved five, one-hour sessions a week for a three month period. The size of each class or group varied from eight to ten

participants, led by three instructors at three respective community college campuses. The sessions were based on both didactic and experiential learning models and focused on teaching attending-listening behaviors, paraphrasing skills, communication and understanding of feeling and content of one's verbal statements, awareness of decision-making skills and self-exploration and self-concept building.

Three different trainers were involved, teaching through a didactic-experiential modality which focused on self-exploration and interpersonal relationships viz. the perception and communication of empathic understanding. All three instructors possessed a Master's degree in Educational Psychology and were experienced in conducting communication workshops, plus being familiar in the principles of learning in the affective and cognitive domains. By virtue of their training and experience they had knowledge of the cultures of the disadvantaged, group dynamics, behavior modification, skill training and counselling techniques. The instructor in charge of the training program was especially well versed on Carkhuff's theoretical approach to training and the measurement of empathy as it was the topic studied in the completion of his Master's thesis. Subsequently he attempted to ensure that all the instructors met the levels of functioning for trainer effectiveness as described by Carkhuff (1969b).

Instrument

The Standard Communication Index (SCI) developed by Carkhuff (1969a) was used to assess changes in levels of communicated empathy as a function of the Life Skills Training. The index consists of 16 written client statements taken from actual counselling interviews which repre-

sent a wide range of problem areas (see Appendix A, p.64). The subjects completed the SCI by writing their responses to each of the 16 statements before and after the training. Each of the 16 responses for every subject was then independently rated twice on Carkhuff's five-point rating scale for the Measurement of Empathy in Interpersonal Processes (1969a). On this scale each response is assigned a value from 1.0 (102) to 5.0 (high) using half units (1.5, 2.5, etc.) to increase the precision of the scale (see Appendix B, p. 70).

In order to arrive at the level of communicated empathy (CE) for each subject, the ratings assigned to each of the 16 responses are summed and averaged for all of the individual protocols respectively.

Judges

The two judges employed to rate the data are both professional helpers. The first judge is a certified psychologist employed at the University of Alberta Hospital, Edmonton. The second judge is a social worker at the Edmonton Child and Family Guidance Clinic. Both have worked as therapists in the field for a number of years and are familiar with Carkhuff's theory and scales. Both have had previous experience in applying the SCI rating criteria in research projects affiliated with their employment.

Using Carkhuff's five-point scale, the judges rated 32 sets of pre-posttest responses. (The pre-tests of the subjects dropping out of the groups were also rated and compared to the pre-test means scores of those subjects completing the training and the posttest measure. The results are presented in Chapter IV). The judges' application of the scale was, according to the criterion, set by Carkhuff (1969a).

Procedure

Two training sessions were administered to the judges in which the theory and criteria of the scale was reviewed as well as practice given in rating sample responses. The sample responses were assessed for reliability. Four sets of sample responses yielded a percentage of agreement ranging from 80 to 100 percent. The final set yielded a 90 to 100 percent agreement which was more than sufficient for the rating of the real data.

After establishing a high interjudge reliability, the judges proceeded to score the data using Carkhuff's five-point Scale for the Measurement of Empathy in Interpersonal Processes (1969a). Interjudge reliability was established by using a two-way analysis of variance (ANOVA). The results are presented in Chapter IV, Table 3, p. 38).:

In order to eliminate rater bias, the actual written record of each subject was number and letter coded, randomized and typed. The 16 responses to the SCI for each subject was not rated at one time. Rather, the responses to item one for all subjects were rated, then item two and so forth. This procedure was employed to prevent any influence a previous rating may have on subsequent ratings. A mean score was calculated for each subject, determining the level of CE.

Westwood's (1972) overlap-alternating procedure was adopted in rating the protocols. This method allowed the independent rating of each of the 704 responses by both judges. This was achieved by overlapping and randomizing the pre- and posttests of all of the subjects (28). The protocols were then divided in half and each bundle was presented to the respective judges for rating. In this way each judge received a mixture

of 14 pre- and posttests combined. After the judges rated their respective allotment, they exchanged their bundle of protocols and rated their new allotment. Then each subject's CE score was calculated for both the pre- and posttesting by taking the average CE rating between the judges.

Analysis

For this study, the dependent variable in question is "accurate empathy." It involves both the awareness and understanding of the thoughts and feelings of another person, plus the verbal facility to communicate this understanding. The ability to communicate empathy is operationally defined by a score obtained on the SCI.

To determine whether there was any change in the ability to communicate empathy (CE), the average scores between the two judges for each subject on the pre- and posttesting were compared using a correlated t-test. The level of significance was set at .05 and the test was two-tailed to accommodate a gain or loss in the CE. Fisher's *t*-test of a difference between means for small uncorrelated samples with unequal *N*'s (Guilford, 1965) was employed to determine whether or not statistically significant differences exist in the CE between the sexes and between those subjects dropping out of the study and those completing the training and the posttest measure. The results are presented in Chapter IV.

To determine interjudge reliability, both a two-way analysis of variance with repeated measures and Spearman's Rank Order Correlation Coefficient were used. The percentage of agreement between the two judges was also computed. These results are also presented in Chapter IV.

CHAPTER IV

Results

The intention of the study was to see if a life skills program emphasizing self-exploration, interpersonal relationships and communication skills, could produce a change in the ability to communicate empathy in unemployed, socio-economically disadvantaged individuals.

The Standard Communication Index was administered to the subjects enrolled in the life skills at the beginning and at the end of the training course. This provided a pre- and post-operational measures of their level of communicated empathy. The data were rated by two trained judges using Carkhuff's five-point Scale for the Measurement of Empathy in Interpersonal Processes (1969a). Interjudge reliability for the ratings was established by using an analysis of variance. The results are presented in Table 3.

Table 3

Interjudge Reliability

Source	SS	DF	MS	F	P .05
Within Subjects	7.398	15	.493		
Within Subjects & Pre- Post Measures	.194	1	.194	2.901	.109
	1.001	15	.067		
Within Judges & Subjects	.038	1	.038	.840	.374
	.680	15	.045		
Within Pre- Post- Measures Judges & Subjects	.072	1	.072	1.945	.183
	.552	15	.037		

The analysis of variance was used to test the variability of the two judges' rated means across the 16 subjects and two rating trials of the pre- and posttests. If the variability of their ratings is statistically significant at the .05 level of confidence, the conclusion would be that the judges did not rate the data consistently in a similar fashion across the two trials. Thus the data could not be utilized in any meaningful way in this study. However, inspection of Table 3 indicates that no statistically significant differences exist at the .05 level of confidence between the two judges' ratings. To facilitate the interpretation of between judge effects and between judgment effects across the pre- and post-measures, cell means and their standard deviations are presented in Table 4.

Table 4

Cell Means and Standard Deviation for

Interjudge Effects and Pre-Post-Measures Effects

Pre-Post	Judges	$\bar{X}$	SD	Cases
Pre	Judge 1	2.297	.376	16
Pre	Judge 2	2.314	.342	16
Post	Judge 1	2.472	.384	16
Post	Judge 2	2.357	.485	16

A second method of demonstrating interjudge reliability was utilized to corroborate the analysis of variance by calculating a correlation coefficient and percentage agreement between the two judges.

Using Spearman's rank order correlation coefficient, interjudge re-

liability was calculated to be .99. The results of both judges, when compared by means of a percentage of agreement efficiency formula, yielded an 87.5 percent agreement on their ratings of the same subjects. Again, this provides substantial evidence that the judges rated the data in a similar fashion consistently and their combined ratings could be used to determine the effect of the program.

In an effort to determine whether or not the subjects' level of CE increased or decreased after participation in the life skills program, a *t*-test of differences between means for a correlated sample was conducted. The results are as follows: For significance at the five percent level, a value of *t* equal to or greater than 2.31 is required. A *t* value of 1.71 was calculated from the subjects' rated means on the pre- and post-tests. This result indicated that the life skills experience produced no statistically significant difference in the subjects' ability to communicate empathy. Thus it cannot be argued that the training program changed the participants' CE enough to suggest a positive intrapersonal gain.

In order to determine whether those subjects dropping out of the program differed in CE from those remaining to the completion of the program, a *t*-test of differences between the pre-test means was conducted. The results are as follows: For a significance at the .05 level, a *t* value of 2.056 is required. A *t* value of .804 was obtained from the subjects (28) pre-test means. This result indicates that no statistically significant difference exists in CE between those dropping out and those remaining in the program. Thus it cannot be argued that the level of CE contributed to the dropping out of the program by those 12 subjects.

Conversely, it cannot be suggested that the level of CE of those remaining within the program to its completion was an influencing factor.

Tables five, six and seven show the demographic variables of age, sex and education of the sample and their pre- and posttest CE averages.

Table 5

Individual Mean Scores According to Age on the Pre- and Posttesting Ratings

Age Groups	#	Pre-test Average	Posttest Average
15 - 20	5	2.30	2.54
21 - 25	5	2.27	2.39
26 - 30	1	2.46	2.29
31 - 35	1	2.82	2.79
36 - 40	0	-	-
41 - 45	1	1.67	2.13
46 - 50	2	2.09	2.22
51 - 55	0	-	-
56 - 60	1	2.50	2.38

Table 6

Individual Mean Scores According to Sex on the Pre- and Posttesting Ratings

Group	Pre-	Post	Differences
Male Subjects (9)			
1	1.88	1.88	.00
2	2.03	1.88	.15
3	2.02	1.96	.06
4	2.42	2.30	.12
5	2.22	2.64	.42
6	2.38	2.38	.00
7	2.03	2.09	.06
8	2.82	2.79	.03
9	2.24	2.32	.08
	$\bar{x}$ = 2.23	$\bar{x}$ = 2.25	$\bar{x}$ = .10
	SD = .26	SD = .33	SD = .11
Female Subjects (7)			
1	2.46	2.29	.17
2	2.44	2.55	.11
3	2.74	2.76	.02
4	2.24	2.27	.03
5	1.67	2.13	.46
6	2.67	3.15	.48
7	2.60	3.29	.63
	$\bar{x}$ = 2.40	$\bar{x}$ = 2.63	$\bar{x}$ = .27
	SD = .35	SD = .45	SD = .60
Grand Mean			
	$\bar{x}$ = 2.30	$\bar{x}$ = 2.41	$\bar{x}$ = .18
	SD = .29	SD = .35	SD = .17

Table 7

Individual Mean Scores According to Education and Sex on the Pre- and [a]Posttesting Ratings

Subjects	Sex (M or F)	Grade Level			
		9	10	11	12
1	M				1.88(1.88)
2	M				2.03(1.88)
3	F				2.46(2.29)
4	F		2.44(2.55)		
5	M		2.02(1.96)		
6	M				2.42(2.30)
7	F				2.74(2.76)
8	F		2.24(2.27)		
9	M				2.22(2.64)
10	M	2.38(2.38)			
11	M			2.03(2.09)	
12	F				1.67(2.13)
13	M		2.82(2.79)		
14	M			2.24(2.32)	
15	F				2.67(3.15)
16	F				2.60(3.29)

[a]Posttest means in brackets

Noteworthy in Table 6 is the suggestion of a difference in CE means between the males and females. In an effort to determine whether an overall significant sex difference exists, a t-test of a difference between the combined pre- and posttest means for each sex group was performed. The results are as follows: For significance at the five percent level, a critical t value equal to or greater than 2.145 is required. A t value of 1.39 was obtained from the male and female subjects' pre- and posttest means. This result indicated that the male or female subjects' difference in CE was not statistically significant. For a more thorough assessment of the sex variable, two more t-tests were conducted; a t-test of difference between the posttest means for each sex group. The results are as follows: For significance at the .05 level, a value of t equal to or greater than 2.145 is required for both t-tests. A t value of 1.111 was obtained from the subjects rated means on the pre-test. This suggests that neither group possessed a statistically significant difference in CE at the outset. However, a t value of 5.937 was obtained from the subjects rated means on the posttest. This result indicated that a statistically significant difference exists between the sexes on the posttest. The difference demonstrates that the females as a group made a significant increment in CE over the males after the training was completed.

Limitations of the Study

Diamond and Shapiro (1973) have proposed a model for long term scientific study of encounter, T-groups and sensitivity groups in order to overcome what they perceive as major methodological and design inadequacies. They propose the major flaws to be: (a) lack of adequate

base rate or pre-training measures, (b) failure to include a matched control group, (c) lack of truly independent observers, (d) failure to control adequately to employ dependent measures consistent with the group goals and (f) failure to include follow-up. To overcome these deficiencies, Diamond and Shapiro suggest the following procedures: (a) determination and specification of group goals, (b) screening of group members, (c) pre-testing, (d) experimental treatment, (e) posttesting, (f) follow-up testing, (g) long term follow-up testing, and (h) analysis of data.

Following Diamond and Shapiro's model, this study did not provide for the screening of the subjects or the trainers. The study is also deficient because it explored only a single dimension (CE) and because it used only one measure of that dimension (SCI). After 12 subjects dropped out of the study, leaving only 16, the statistical analyses were weakened. The lack of a control group confined the implications of the results to the study itself and the possible effects of test reactivity and obtrusive observer effects could not be detected. Another short coming of the study is the absence of long term, follow-up testing.

CHAPTER V

Discussion, Conclusions and Implications

Discussion

This study proposed that a life skills training program which focused mainly on a didactic-experiential approach to enhancing self-exploration, interpersonal relationships and communication skills would produce a change in the ability to communicate empathy in chronically unemployed individuals. The dimension of empathy was operationalized by administrating the Standard Communication Index (SCI) on a pre- and posttesting basis with a three-month training program between the two measures.

The subjects' responses were rated for their level of communicated empathy (CE). The scale selected for the training of CE was Carkhuff's five-point Scale for the Measurement of Empathy in Interpersonal Processes (1969a).

A correlated *t*-test was conducted to determine if there was a significant difference in the level of CE of the subjects after participation in the life skills program. The correlated *t*-test analysis indicated that the life skills program had no statistically significant impact on the subjects' CE. Hence, on the whole, it cannot be argued that training program changed the participants' CE enough to suggest a positive gain that could be translated into their interpersonal life and possibly aid them in job seeking endeavors.

The thesis proposed by this study was not supported at a statistically significant level. Several factors in the study emerge as possible reasons for the failure to obtain significance.

One explanation for the lack of significant results could be attrib-

uted to the small number of subjects involved in the study and the lack of screening. Furthermore, it is also possible that the nature of the subjects themselves contributed to the lack of significant results. It was possible that their personal anxieties, needs, conflicts or problems (Bucheimer, 1963) were stimulated by the SCI to the point of being overwhelmed and they responded in terms of the projection of their own needs, problems and conflicts. In other words, until the subjects feel that their basic survival needs are satisfied, they may not possess the "sensitivity" nor openness which is a prerequisite for the possession of the capacity for empathy. Hence, the subjects could not identify with the stimulus exerpts on the SCI and were not able to respond empathically. The subjects' in this study also may not have been receptive to the training experience itself.

Similarly, a lack of commitment about responding to the SCI may have arisen. After being in the helpee roles for an extended period of time, the subjects may have found it difficult to adopt the role of the helper which is created by the SCI and its instructions. Thereby, their responses may have been a reaction to their past experiences or simple resentment by the subjects of the study itself.

It was also possible that the subjects' attitude towards, and impressions of, the program deteriorated over time. They may have felt that such a program did not satisfy or meet their needs, let alone provide readily available solutions to the very real problems of their immediate circumstances.

In a similar vein, the instructors themselves may have developed the "end of the semester syndrome" (Miller, 1973) in which their needs become

focused on end of term demands, holidays, waning of interest in the programs and students, control of the students, job satisfaction and tenure. If such conditions existed, it was possible that the instructors were unsuccessful in maintaining a facilitative level of CE according to Carkhuff's criteria. Therefore, the facilitative conditions necessary in the training sessions may have been diminished. Then both the instructors and the students would share a preoccupation with their needs, problems and conflicts which appear to jeopardize the ability to empathize.

Demographic variables presented in tables five, six and seven, display equivocal and inconclusive results particularly regarding age and education. However, the variable of sex indicated a difference in the level of CE between males and females. Each variable will be discussed in order of their tabular presentation.

The variable of age showed no significant trend. The age group of 41 - 45, however, had the lowest overall CE but demonstrated a larger positive increment of change. The lower overall CE in this group could arise from what Levison (1974) and his co-workers define as a mid-life transition stage in adult psychosocial development. Here, the individual between the ages of 40 - 42 years begins searching for a "fit" between his aspirations and environment. Possibly, this struggle is much more traumatic for the subject in this sample due to their unemployed, socio-economic status. Thus the ability to empathize may be diminished owing to preoccupation with one's need state (Bucheimer, 1963; Kroeber, 1964; and Carkhuff, 1969a).

The older and younger age groups demonstrated a generally "low" but stable level of CE with no significant variation in either gain or loss.

According to Levinson et al. (1974) the younger group are in the process of developing autonomy (18 - 21 years), intimacy and occupations identification (22 - 28 years), deciding about commitment to work and interpersonal relationships (29 - 31 years), and deepening commitments to work and interpersonal relationships (32 - 39 years). Likewise, the older groups' stability of CE may also be attributed to the process of restabilizing and ordering of priorities as well as confronting aging, illness and death while attempting to maintain a "zest" for life.

The variable of education demonstrated no noteworthy differences in regards to the initial level of CE. Level of education and whether the subjects remained to the completion of the study also displayed no trend or pattern.

The t-test comparing the level of CE in those subjects dropping out of the program with the CE of those remaining in the study, indicated no statistically significant difference between the two. It cannot be argued that the level of education had an overall effect on the level of CE in the subjects; nor can it be said to have influenced their receptivity to the program or the measure (SCI) employed in this study. Furthermore, education, sex and level of CE did not prove to be important factors for either of those subjects dropping out of the program or staying to its completion. In general it would appear that there is a high risk of attrition when attempting to study unemployed individuals. Of the initial twenty-eight subjects, twelve left the program. The statistical inferences were, therefore, limited.

The t-test comparing the differences in CE between males and females

indicated no overall difference in CE for the two groups across the pre- and post-measures combined. However, in testing the differences in the pre- and posttests separately, a significant difference in favor of the females is recorded on the posttest comparison. This significant finding is attributed to the female subjects who achieved the highest increment of change over the pre- and posttests. This would lend support to Conklin's (1968) belief that females are more perceptive of verbal cues in a variety of social situations. This finding also affirms Carkhuff and Berenson's (1967) conviction that the facilitative conditions specified by their theoretical model tends to be more specific to social responses of the female role. It may even be suggested that the female subjects in this sample were psychologically affected to a lesser degree by the status of being unemployed and socio-economically disadvantaged. In industry, the stereotype of the female, partly due to maternity leave and motherhood, is that of a non-career oriented, seasonal, part-time worker.

Conclusions

The two major conclusions based on the results, with consideration of the limitations of the investigation, are as follows:

1. No statistically significant changes in CE as recorded on the SCI, were achieved by a group of unemployed, socio-economically disadvantaged individuals who received a three-month didactic-experiential training program which focused on the communication of empathy.

2. Unemployed females in the group studied made more positive gains than the males in CE. This suggested they were more receptive to the training of empathy than the male subjects.

Implications for Further Research

In view of the current concerns over unemployment and the socio-economic conditions of various sectors of our society, the need for further research of the effects of interpersonal training programs such as life skills is warranted. The need for improved research designs and methodologies, as well as the development of more sensitive instruments appears essential to help clear ambiguities that exist in the study of life skills programs. Furthermore, investigators seeking suitable instruments are having difficulties interpreting results of those studies.

In addition to the above, the following questions might provide possible starting points and inspire future studies.

1. Would significant differences have been found if other instruments in addition to Carkhuff's SCI had been used to determine the effect of the life skills program?

2. Would more clear-cut results have been obtained had it been possible to screen the participants on such dimensions as work/unemployment history, aptitudes, age, sex and education?

3. If a larger sample had been studied and a comparative control group utlized, would the results have been significant and generalizable to a larger portion of unemployed individuals?

4. Would significant differences have been found if the SCI was presented verbally in a role-playing situation which would enable the subjects to identify more easily with the presenting problems?

5. Would the impact of the life skills program be tested more definitively through a long term, follow-up form of study?

In the opinion of the writer, only when research methodologies take

into account the above questions and devise procedures whereby these weaknesses are overcome, can we truly begin to evaluate the efficacy of programs geared to rehabilitate unemployed individuals. Such research would then begin to provide direction and guidance and eventually knowledge and skills to those agencies which are devoted to improving competency in human relations and facilitating a greater acceptance of everyday responsibilities inherent in our daily living and work.

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APPENDIX A

Carkhuff Communications of Helper Responses

to Helpee Stimulus Expressions

DIRECTIONS

The following excerpts represent 16 stimulus expressions; that is expressions by a helpee of feeling and content in different problem areas. In this case, the same helpee is involved in all instances.

You may conceive of this helpee not necessarily as a formal client but simply as a person who has come to you in time of need. The helpee, for example, may be a student from one of your classes. We would like you to respond as you would if someone came to you seeking assistance in a time of distress. Write down your response after the number 1. In formulating your responses keep in mind those that the helpee can use effectively in his own life. Following each excerpt it would be helpful to us if you wrote down the (2) content of the helpee's discussion or the problem expressed and also (3) the emotional feeling that dominates the helpee's expression. Finally, (4) note those excerpts that have been most difficult for you to respond to.

In summary, formulate responses to the person who has come to you for help. The following range of helpee expressions can easily come in the first contact or first few contacts; however, do not attempt to relate any one expression to a previous expression. Simply try to formulate a meaningful response to the helpee's immediate expression.

EXAMPLE: I just am not sure what to do or say. If I say what comes first to mind I might be criticized.

1. RESPONSE: One student replied: What would you think and say first that you would be criticized on?

2. CONTENT: Client in state of indecision - confusion.

3. FEELING: Worried, fear of embarrassment.

4. EASY or DIFFICULT.

Name _____ Date _____

COMMUNICATION ASSESSMENTS

Excerpt 1

HELPEE: Gee, I'm so disappointed. I thought we could get along together and you could help me. We don't seem to be getting anywhere. You don't understand me. You don't know I'm here. I don't even think you care for me. You don't hear me when I talk. You seem to be somewhere else. Your responses are independent to anything I have to say. I don't know where to turn. I'm just so--doggone it--I don't know what I'm going to do, but I know you can't help me. There just is no hope.

1. RESPONSE: _____

2. CONTENT: _____

3. FEELING: _____

4. EASY- or - DIFFICULT

Excerpt 2

HELPEE: Who do you think you are? You call yourself a therapist! Damn, here I am spilling my guts out and all you do is look at the clock. You don't hear what I say. Your responses are not attuned to what I'm saying. I never heard of such therapy. You are supposed to be helping me. You are so wrapped up in your world you don't hear a thing I'm saying. You don't give me the time. The minute the hour is up you push me out the door whether I have something important to say or not. I--ah--it makes me so God damn mad!

1. RESPONSE: _____

2. CONTENT: _____

3. FEELING: _____

4. EASY - or - DIFFICULT

Excerpt 3

HELPEE: They wave that degree up like it's a pot of gold at the end of the rainbow. I used to think that, too, until I tried it. I'm happy being a housewife; I don't care to get a degree. But the people I associate with, the first thing they ask is where did you get your degree. I answer, "I don't have a degree." Christ, they look at you like you are some sort of a freak, some backwoodsman your husband picked up along the way. They actually believe that people with degrees are better. In fact, I think they are worse. I've found a lot of people without degrees that are a hell of a lot smarter than these people. They think that just because they have degrees they are something special. These poor kids that think they have to go to college or they are ruined. It seems that we are trying to perpetrate a fraud on these kids. If no degree, they think they will end up digging ditches the rest of their lives. They are looked down upon. That makes me sick.

1. RESPONSE: _____

2. CONTENT: _____

3. FEELING: _____

4. EASY - or - DIFFICULT

Excerpt 4

HELPEE: It's not an easy thing to talk about. I guess the heart of the problem is sort of a sexual problem. I never thought I would have this sort of problem. But I find myself not getting the fulfillment I used to. It's not as enjoyable--for my husband either, although we don't discuss it. I used to enjoy and look forward to making love. Iused to have an orgasm but I don't any more. I can't remember the last time I was satisfied. I find myself being attracted to other men and wondering what it would be like to go to bed with them. I don't know what this means. Is this symptomatic of our whole relationship as a marriage? Is something wrong with me or us?

1. RESPONSE: _____

2. CONTENT: _____

3. FEELING: _____

4. EASY - or - DIFFICULT

Excerpt 5

HELPEE: I'm so pleased with the kids. They are doing just marvelously. They have done so well at school and at home; they get along together. It's amazing. I never thought they would. They seem a little older. They play together better and they enjoy each other and I enjoy them. Life has become so much easier. It's really a joy to raise three boys. I didn't think it would be. I'm just so pleased and hopeful for the future. For them and for us. it's just great! I can't believe it. It's marvelous.

1. RESPONSE: _____

2. CONTENT: _____

3. FEELING: _____

4. EASY - or DIFFICULT

Excerpt 6

HELPEE: I finally found somebody I can really get along with. There is no pretentiousness about them at all. They are real and they understand me. I can be myself with them. I don't have to worry about what I say and that they might take me wrong, because I do sometimes say things that don't come out the way that I want them to. I don't have to worry that they are going to criticize me. They are just marvelous people! I just can't wait to be with them. For once I actually enjoy going out and interacting. I didn't think I could ever find people like this again. I can really be myself. It's such a wonderful feeling not to have people criticizing you for everything you say that doesn't agree with them. They are warm and understanding and I just love them! It's just marvelous.

1. RESPONSE: _____

2. CONTENT: _____

3. FEELING: _____

4. EASY or DIFFICULT

Excerpt 7

HELPEE: I love my children and my husband and I like doing most household things. They get boring at times but on the whole I think it can be a very rewarding thing at times. I don't miss working, going to the office every day. Most women complain of being just a housewife and just a mother. But then, again, I wonder if there is more for me. Others say there has to be. I really don't know.

1. RESPONSE: _____

2. CONTENT: _____

3. FEELING: _____

4. EASY - or - DIFFICULT

Excerpt 8

HELPEE: Silence. (Moving about in chair)

1. RESPONSE: _____

2. CONTENT: _____

3. FEELING: _____

4. EASY - or - DIFFICULT

Excerpt 9

HELPEE: I'm really excited the way things are going at home with my husband. It's just amazing. We get along great together now. Sexually, I didn't know we could be that happy. I didn't know anyone could be that happy. It's just marvelous! I'm just so pleased, I don't know what else to say.

1. RESPONSE: _____

2. CONTENT: _____

3. FEELING: _____

4. EASY - or - DIFFICULT

Excerpt 10

HELPEE: I get so frustrated and furious with my daughter. I just don't know what to do with her. She is bright and sensitive, but damn, she has some characteristics that make me so on edge. I can't handle it sometimes. She just--I feel myself getting more and more angry! She won'd do what you tell her to. She tests limits like mad. I scream and yell and lose control and think there is something wrong with me--I'm not an understanding mother or something. Damn! What potential! What she could do with what she has. There are times she doesn't need what she's got. She gets by too cheaply. I just don't know what to do with her. Then she can be so nice and then, boy, she can be as ornery as she can be. And then I scream and yell and I'm about ready to slam her across the room. I don't like to feel this way. I don't know what to do with it.

1. RESPONSE: _____

2. CONTENT _____

3. FEELING: _____

4. EASY - or - DIFFICULT

Excerpt 11

HELPEE: He is ridiculous! Everything has to be done when he wants to do it. They way he wants it done. It's as if nobody else exists. It's everything he wants to do. There is a range of things I have to do. Not just be a housewife and take car of the kids. Oh no, I have to do his typing for him, errands for him. If I don't do it right away, I'm stupid--I'm not a good wife or something stupid like that. I have an identity of my own and I'm not going to have it wrapped up in him. It makes me--it infuriates me! I want to punch him right in the mouth. What am I going to do? Who does he think he is, anyway?

1. RESPONSE: _____

2. CONTENT: _____

3. FEELING: _____

4. EASY - or - DIFFICULT

Excerpt 12

HELPEE: I'm really excited! We are going to California. I'm going to have a second lease on life. I found a marvelous job. It's great! It's so great, I can't believe it's true--it's so great! I have a secretarial job. I can be a mother and can have a part time job which I think I will enjoy very much. I can be home when the kids get home from school. It's too good to be true. It's so exciting. New horizons are unfolding. I just can't wait to get started. It's great!

1. RESPONSE: _____

2. CONTENT: _____

3. FEELING: _____

4. EASY - or - DIFFICULT

Excerpt 13

HELPEE: I'm so thrilled to have found a counselor like you. I didn't know any existed. You seem to understand me so well. It's just great! I feel like I'm coming alive again. I have not felt like this in so long.

1. RESPONSE: _____

2. CONTENT: _____

3. FEELING: _____

4. EASY - or - DIFFICULT

Excerpt 14

HELPEE: I don't know if I am right or wrong feeling the way I do. But I find myself withdrawing from people. I don't seem to socialize and play their stupid little games any more. I get upset and come home depressed and have headaches. It seems all so superficial. There was a time when I used to get along with everybody. Everybody said, "Isn't she wonderful. She gets along with everybody. Everybody likes her." I used to think that was something to be really proud of, but that was who I was at that time. I had no depth. I was what the crowd wanted me to be--the particular group I was with.

1. RESPONSE: _____

2. CONTENT: _____

3. FEELING: _____

4. EASY - or - DIFFICULT _____

Excerpt 15

HELPEE: Gee, those people! Who do they think they are? I just can't stand interacting with them any more. Just a bunch of phonies. They leave me so frustrated. They make me so anxious, I get angry at myself. I don't even want to be bothered with them any more. I just wish I could be honest with them and tell them all to go to hell! But I guess I just can't do it.

1. RESPONSE: _____

2. CONTENT: _____

3. FEELING: _____

4. EASY - or - DIFFICULT _____

Excerpt 16

HELPEE: Sometimes I question my adequacy of raising three boys, especially the baby. I call him the baby--well, he is the last. I can't have any more. So I know I kept him a baby longer than the others. He won't let anyone else do things for him. If someone else opens the door he says he wants Mommy to do it. If he closes the door, I have to open it. I encourage this. I do it. I don't know if this is right or wrong. He insists on sleeping with me every night and I allow it. And he says when he grows up he won't do it any more. Right now he is my baby and I don't discourage this much. I don't know if this comes out of my needs or if I'm making too much out of the situation or if this will handicap him when he goes to school--breaking away from Mamma. Is it going to be a traumatic experience for him? Is it something I'm creating for him? I do worry more about my children than I think most mothers do.

1. RESPONSE: _____

2. CONTENT: _____

3. FEELING: _____

4. EASY - or - DIFFICULT _____

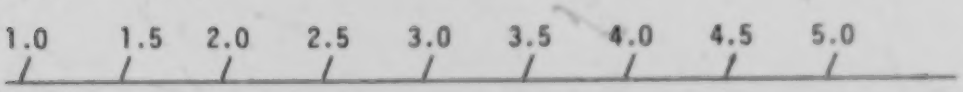
APPENDIX B

Figure I

Gross Ratings of Facilitative Interpersonal Functioning

The facilitator is a person who is living effectively himself and who discloses himself in a genuine and constructive fashin in response to others. He communicates an accurate empathic understanding and a respect for all of the feelings of other persons and guides discussions with those persons into specific feelings and experiences. He communicates confidence in what he is doing and is spontaneous and intense. In addition, while he is open and flexible in his relationships with others, in his commitment to the welfare of the other persons he is quite capable of active, assertive and even confronting behavior when it is appropriate.

You will hear a number of excerts taken from therapy sessions. Rate each excerpt 1.0, 1.5, 2.0, 2.5, 3.0, 3.5, 4.0, 4.5, or 5.0 using the continuum below.



None of these conditions are communicated to any noticeable degree in the person.	Some of the conditions are communicated and some are not.	All conditions are communicated at a minimally facilitative level.	All of the conditions are communicated, and some are communicated fully.	All are

APPENDIX A-3

EMPATHIC UNDERSTANDING IN INTERPERSONAL PROCESSES:

A SCALE FOR MEASUREMENT

Level 1

The verbal and behavioral expressions of the first person either do not attend to or detract significantly from the verbal and behavioral expressions of the second person(s) in that they communicate significantly less of the second person's feelings than the second person had communicated himself.

EXAMPLES: The first person communicates no awareness of even the most obvious, expressed surface feelings of the second person. The first person may be bored or uninterested or simply operating from a preconceived frame of reference which totally excludes that of the other person(s).

In summary, the first person does everything but express that he is listening, understanding, or being sensitive to even the feelings of the other person in such a way as to detract significantly from the communications of the second person.

Level 2

While the first person responds to the expressed feelings of the second person(s), he does so in such a way that he subtracts noticeable affect from the communications of the second person.

EXAMPLES: The first person may communicate some awareness of obvious surface feelings of the second person, but his communications drain off a level of the affect and distort the level of meaning. The first person may communicate his own ideas of what may be going on, but these are not congruent with the expressions of the second person.

In summary, the first person tends to respond to other than what the second person is expressing or indicating.

Level 3

The expressions of the first person in response to the expressed feelings of the second person(s) are essentially interchangeable with those of the second person in that they express essentially the same affect and meaning.

EXAMPLE: The first person responds with accurate understanding of the surface feelings of the second person but may not respond to or may misinterpret the deeper feelings.

In summary, the first person is responding so as to neither subtract from nor add to the expressions of the second person; but he does not respond accurately to how that person really feels beneath the surface feelings. Level 3 constitutes the minimal level of facilitative interpersonal functioning.

Level 4

The responses of the first person add noticeably to the expressions of the second person(s) in such a way as to express feelings a level deeper than the second person was able to express himself.

EXAMPLE: The facilitator communicates his understanding of the expressions of the second person at a level deeper than they were expressed, and thus enables the second person to experience and/or express feelings he was unable to express previously.

In summary, the facilitator's responses add deeper feeling and meaning to the expressions of the second person.

Level 5

The first person's responses add significantly to the feeling and meaning of the expressions of the second person(s) in such a way as to (1) accurately express feelings levels below what the person himself was able to express or (2) in the event of on going deep self-exploration on the second person's part, to be fully with him in his deepest moments.

EXAMPLES: The facilitator responds with accuracy to all of the person's deeper as well as surface feelings. He is "together" with the second person or "tuned in" on his wave length. The facilitator and the other person might proceed together to explore previously unexplored areas of human existence.

In summary, the facilitator is responding with a full awareness of who the other person is and a comprehensive and accurate empathic understanding of his deepest feelings.

APPENDIX A-4

COMPARISON OF TRUAX AND CARKHUFF EMPATHY SCALES

Truax Scale	Obvious Feelings	Carkhuff Scale
Stage 1	ignores	Level 1.0
Stage 2	understands poorly	Level 1.5
Stage 3	often accurate	Level 2.0
Stage 4	usually accurate	Level 2.5
Stage 5	accurate	Level 3.0
Stage 6	accurate	Level 3.5
Stage 7	accurate	Level 4.0
Stage 8	accurate	Level 4.5
Stage 9	unhesitating flawless accuracy	Level 5.0